

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 01/31/2011
FORM APPROVED
OMB NO. 0938-0391

45 3/13/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445272	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/25/2011
NAME OF PROVIDER OR SUPPLIER MABRY HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 023 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are provided to form at least two smoke compartments on every sleeping room floor for more than 30 patients. 19.3.7.1, 19.3.7.2</p> <p>This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined, the facility failed to maintain the smoke barriers as required.</p> <p>The findings included:</p> <p>On 1/25/11, at 11:30 a.m., observation within the 'A' hall janitor room revealed there was a penetration in the smoke wall between the janitor room and resident room A-1. National Fire Protection Association (NFPA) 101, 8.3; 19.3.7.3</p> <p>The finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 1/25/11.</p>	K 023	<p>Step 1 No residents found to be affected by the practice. Deficiency found to be in the locked A Hall Janitor room. Maintenance Supervisor or designee or housekeeping employees are to put on repair and requisition book immediately, so Maintenance Supervisor can repair.</p> <p>Step 2 No residents were affected. The deficient practice was isolated and repairs were done immediately.</p> <p>Step 3 Housekeeping employees are to write a repair requisition for maintenance Supervisor to make any and all repairs housekeeping employees in serviced so this deficient practice will not recur. Maintenance Supervisor or designee will check locked janitor rooms on all halls on a monthly basis. Effectiveness will be evaluated by Maintenance Supervisor or designee.</p>	1/31/2011	
K 069 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on observations during the survey it was determined, the facility failed to maintain the commercial cooking equipment as required.</p> <p>The findings include:</p> <p>On 1/25/11, at 12:05 p.m., observation within the dietary area revealed three of the pilot lights on</p>	K 069	<p>Step 4 Visual inspection monitoring of all locked janitor rooms will be done by the Maintenance Supervisor or designee to ensure that this deficient practice will not recur.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kathleen M. Graves

TITLE

Adms.

(X8) DATE

2-9-2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 069	Continued From page 1 the commercial cooking equipment were not on. National Fire Protection Association (NFPA) 96 The finding was acknowledged by the Adminstrator and verified by the Maintenance Director during the exit interview on 1/25/11.	K 069	<p>Step 1 No residents found to be affected. Dietary employees in serviced to write up repair requisition immediately for any and all equipment that is not functioning properly.</p> <p>Step 2 No residents were affected. Dietary Manager, Dietician, or designee, to inspect equipment on a daily basis. Mintenance Supervisor to inspect equipment for repair on a weekly to monthly basis. Dietary employees in serviced to write up repair requisitions and how to properly clean equipment.</p> <p>Step 3 Dietary employees are to write up a repair requisition immediately when any equipment is not functioning properly for the Maintenance Supervisor to address and repair. Maintenance Supervisor will inspect and monitor all equipment in the Dietary Department on a weekly to monthly basis.</p> <p>Step 4 The Dietary Manager, Dietician or designee will monitor and inspect all equipment in the Dietary Department on a daily basis. The Maintenance Supervisor will monitor and inspect all equipment in the Dietary Department on a weekly to monthiy basis.</p>	1/25/2011	